

CLAIMS ONLY						Application Number <div style="font-size: 1.5em; font-weight: bold; text-align: center;">10736894</div>		Filing Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
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Total Indep	1								
Total Depend	4								
Total Claims	5								